

MONROE COUNTY CRIME LABORATORY
85 W. Broad Street, Rochester, NY 14614
(585)-753-3535 (phone)
(585)-753-3494(fax)

LABORATORY PRIORITY REQUEST FORM

Every effort will be made to meet the priority requested date. Due to the nature of forensic evidence and the availability of an analyst, the requested priority date cannot be guaranteed.

Laboratory Case Number: _____

Police Agency: _____ CR Number: _____

Defendant's Name: _____

Victim's Name: _____

-----Type(s) of analysis requested (circle all that apply) -----

Biology (Serology) Drugs Firearms / Toolmarks
Biology (DNA) Fire Debris Trace

----- Reason for priority request (circle one, then specify date of event) -----

Trial Trial date: _____
Grand Jury or Preliminary Hearing GJ or PH date: _____
Investigation

Requestor's name (please print clearly): _____

Requestor's phone number: _____

===== FOR LABORATORY USE =====

Date priority received: _____ By: _____

Assigned to: _____ By: _____ Date: _____

Lab comments:

Approved By	John R. Clark 11-19-12	Revision	2012-11/19	Document ID	PSL-221	Issued on	11-20-12
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